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Improved Community Health Project in Liberia

Issuance Date: June 10, 2002

Closing Date: September 30, 2002

Closing Time: 3:30 p.m. (1530 hours)

Subject: Request for Applications (RFA) Number 669-CA-0237
Improved Community Health Project in Liberia

To Potential Applicants:

The United States Agency for International Development (USAID) is seeking applications for an assistance agreement from qualified U.S. non-governmental organizations, capable of performing a program for improved community health in Liberia. The authority for this program is the Foreign Assistance Act of 1961, as amended.

USAID/Liberia contemplates the award of one cooperative agreement by December 23, 2002, with operations effectively beginning in country o/a January 6, 2003. The prime recipient, although the structure of the organization for project implementation may include subrecipients, will be responsible for ensuring achievement of the program objectives to improve community health in Liberia. Please refer to the Program Description for a complete statement of objectives.

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, necessary and allowable expenses, both direct and indirect, which are related to the grant program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for-profit organizations), may be paid under the agreement.

Subject to the availability of funds, a sum of up to \$7,500,000 in USAID funds will be allocated over a 5-year period for this program. However, please note that USAID reserves the right to fund any or none of the applications submitted.

For the purposes of this program, this RFA is being issued and consists of this cover letter and the following:

1. Section A - Grant Application Format;
2. Section B - Selection Criteria;
3. Section C – Program Description;
4. Section D - Certifications, Assurances, and Other Statements of Applicant/Grantee;

For solicitation purposes, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

Applications are due at 3:30 p.m. (1530 hours) on September 30, 2002 at the place designated below for receipt of applications. Electronic commerce, including e-mail and facsimile applications will not be accepted. Applications and modifications thereof shall be submitted in envelopes with the name and address of the applicant and RFA #669-CA-0237 inscribed thereon. If you decide to submit an application, an original plus one copy of your technical application and an original plus two copies of your cost application must be received at the following address no later than 1530 hours, Accra - Ghana local time, on the closing date indicated above.

(By U.S. Mail)

Regional Contracts Office

USAID/Ghana
Department of State
2020 Accra Pl.
Washington, DC 20521-2020

(By All Other Means of Delivery)

Regional Contracts Office
U. S. Agency for International Development Mission to Ghana
E45/3 Independence Avenue
P.O. Box 1630
Accra, Ghana
Telephone: 233-21-228440

In addition send seven (7) copies of your technical application directly to USAID/Washington at the address below. Time of receipt is no later than 1530 hours U.S. Eastern Standard Time (EST) on the date indicated above.

Stephanie Garvey
USAID/Liberia Desk Officer
U.S. Agency for International Development
Ronald Reagan Building, Rm 4.06-017
1300 Pennsylvania Avenue, NW
Washington, DC 20523-4600
Telephone: 202-712-0638

Applicants are required to submit both technical and cost portions of their applications in separate volumes. All applications shall remain in effect for at least 180 days from the application due date. Award will be made to the responsible applicant whose application offers the greatest value to the Government.

For any resultant award hereunder, the recipient and subrecipients, if any, must not make any award to any party that is debarred, suspended, or is otherwise excluded from or ineligible for participation in Federal Assistance programs under Executive Order 12549 "Debarment and Suspension." Also, under Executive Order 13224 on Terrorist Financing, U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the recipient(s) to ensure compliance.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. Further, the Government reserves the right to reject any or all applications received. In addition, final award of any resultant grant cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant; should circumstances prevent award of a cooperative agreement, all preparation and submission costs are at the applicant's expense.

The preferred method of distribution of USAID procurement information is via the Internet. This RFA and any future amendments can be downloaded from the Agency Web Site. The World Wide Web Address is <http://www.usaid.gov>. Select Business and Procurement from the home page, then "USAID Procurements". On the following screen, select "Download Available USAID Solicitations". Receipt of this RFA through INTERNET must be confirmed by written notification to the contact person noted below. It is the responsibility of the recipient of the application document to ensure that it has been received from INTERNET in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion processes.

In the event of an inconsistency between the documents comprising this RFA, it shall be resolved by the following descending order of precedence:

- (a) Section B - Selection Criteria;
- (b) Section A - Grant Application Format;
- (c) The Program Description;
- (d) This Cover Letter.

To be considered, all questions concerning this RFA should be submitted by August 29, 2002 in writing to David Wobil, via facsimile at 233-21-231937 or e-mail at dwobil@usaid.gov and Raymond L. Edler at redler@usaid.gov. Questions and responses will be disseminated by amendment to the solicitation and posted at the USAID website. If there are problems in downloading the RFA off the INTERNET, please contact the USAID INTERNET Coordinator on (202) 712-4442. Applicants should retain for their records a copy of all enclosures, which accompany their application.

Sincerely,

Raymond L. Edler
Regional Agreement Officer

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SECTION A - GRANT APPLICATION FORMAT

A.1 Preparation Guidelines

All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format. Section B addresses the evaluation procedures for the applications. Applications that are submitted late or are incomplete run the risk of not being considered in the review process.

Applications shall be submitted in two separate volumes, as follows: (a) Volume I - Technical Application and (b) Volume II - Cost or Business Application.

The application should be prepared according to the structural format set forth below. Applications shall be submitted no later than the date and time specified in this solicitation, to the location and in the number of copies indicated in the cover letter accompanying this RFA.

The format for preparing the application is, as follows:

A.2 Technical Application Format

Technical applications must not exceed 50 pages, excluding any attachments and annexes, and printed on standard 8 1/2 – inch by 11-inch letter size paper. Attachments specifically required (e.g. resumes, past performance information) will not count against the page limitation. The font size shall be at least 12-point type. The front and backsides of a single sheet are counted as 2 pages. Pages shall be sequentially numbered with the page number on each page. Any pages that exceed the page limitation will not be furnished to the evaluation committee.

Technical applications in response to this solicitation should be specific, complete and presented concisely. The applications should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The applicant should take into account the technical evaluation criteria found in Section B, and technical applications should be organized according to the criteria.

The applicant shall submit, as part of its application, a list of all current grants, cooperative agreements, contracts and sub-agreements and those completed within the last three years that are similar in size, scope and complexity to the program stated in this solicitation. The information supplied shall also include the name and organization for which the work was performed, current telephone number and e-mail address of the cognizant technical representative for the organization; the number of each award; and a brief description of the services provided or program performed, including the period of performance. The list should be included as an attachment or annex to the technical application and will not count against the page limitation. USAID reserves the right to obtain from any sources relevant information concerning an applicant's past performance and may consider such information in its evaluation.

The technical application should at a minimum include the following:

1. Executive Summary
 - a. Brief description of organization (identify all participants and the role of each);
 - b. A brief summary of results to be achieved;
 - c. Identify the total program cost and the total amount of USAID funding and non-Federal cost share proposed; and
 - d. Brief summary of applicant's experience in initiating and administering activities like those described in the program description.

2. Technical Approach

While the program description provided herein this solicitation describes USAID's requirements, each applicant is encouraged to develop its own description of how the organization expects to effectively bring their disciplines, skills, and experiences to bear on the program. The applicant should pay close attention to the illustrative activities and indicators identified set forth in the Program Description.

- a. Introduction – Demonstrate a concise understanding of the health sector in Liberia, key issues and challenges that must be appropriately addressed in order to facilitate the strengthening of civil society capacity to provide sustainable primary health care services in Liberia.
- b. Program Plan – Provide a program plan, which includes a statement of program objectives and work. This Plan should demonstrate its effectiveness to address the key issues identified in strengthening the capacity of civil society to provide sustainable primary health care services and accomplish the objectives, expected results and goals of the program. Also the plan should include performance milestones, which covers the 5-year performance period and sets forth the activities/tasks and results that the applicant will work toward achieving. The milestones should be succinctly and clearly defined, subject to objective determination regarding performance and linked with the program objectives. For each milestone proposed, the applicant shall carefully consider how the milestone accurately predicts progress towards the achievement of the results targeted.

3. Technical Capabilities

- a. Key personnel, professional staff and responsibilities – Provide personnel qualifications (submit not more than 2-page complete/current resumes or CVs) for professional staff who would be utilized on this program if an award is made. Identify those personnel whose participation in the program is considered key/essential. The resumes will not count against the page limit.
- b. Related experience – Describe experience working with Civil Society Organizations-- local NGOs, civic organizations, private sector—in the delivery of quality health care services in countries in similar to Liberia.
- c. Capabilities of Organization – Provide a clear presentation of the relevant specialized competence that the organization and individuals possess. This should include experience and representative accomplishments of both the organization and individuals in developing countries and conducting activities of the type required under this program. Also specify the qualifications of sub-recipients and or/consultants to be used.

4. Management Plan

Under this section the applicant shall describe its proposed management plan for accomplishing the objectives, results and goals described in the scope of the program.

- a. Program Organization and Responsibilities – Provide a staffing plan, organizational chart indicating the organization planned for the field (including any proposed sub-recipients) and the parent organization.
- b. Program Coordination – Specify where you propose to locate project offices in Liberia. Describe how you propose to coordinate the program and how this will enhance the results. Describe operational arrangements for coordination with the Mission and other institutional partners and components described in the solicitation.
- c. Program Management Structure and Implementation and Performance Monitoring Plan - Describe how the program would be managed. Provide a Performance Monitoring Plan, which explains how you would monitor the program, including collecting, evaluating and validating data.

- d. Mobilization Plan – Provide a plan that shows when field staff will be mobilized in Liberia, as well as the start up of field office(s).

5. Other Pertinent Information

Provide any other information that the applicant believes will aid in the understanding and evaluation of the Applicant's Technical proposal.

USAID/Liberia anticipates the cooperative agreement's start date to be on or before January 2003.

A.3 Cost Application Format

Applicants shall submit the Cost Application in a separate volume. There is no page limit for the Cost Application. It shall include required forms and whatever schedules and other information is necessary to support and/or explain the proposed costs. Applicants estimating process must be clear and concise. Also, financial data and information should be fully supported and organized in a manner that facilitates review.

Provide the name, address, telephone and facsimile numbers, and e-mail address of the individual in the Applicant's organization to be contacted, if necessary, during the evaluation of the application. Also, provide the name(s) of the person(s) who wrote your application, i.e., the technical application and the cost application.

Certain documents are to be submitted by an applicant in order for the Agreement Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources.

The following describes the documentation that the applicant shall submit:

1. A copy of the Applicant's program description on a 3-1/2" diskette, formatted in Microsoft Word.
2. Include a budget with an accompanying budget narrative that provides in detail the total costs for implementation of the program your organization is proposing. The budget shall be submitted using Standard Form 424 and 424A which can be downloaded from the USAID web site, http://www.usaid.gov/procurement_bus_opp/procurement/forms/sf424/; The following forms must be completed and included in the cost proposal application submitted in response to this solicitation:
 - SF-424
 - SF-424A, Budget Information – Non-construction Programs
 - Certification, Assurances, Statements and Other Required Forms (Per Section D of the RFA)
 - Additionally, in support of the Applicant's information on the SF 424A on separate sheets the Applicant shall provide detailed data to support each cost element (object class categories) as shown below.
 - Current Negotiated Indirect Cost Rate Agreement (NICRA) or Proposal for Indirect Cost Rate (if your organization does not have a NICRA)

a. Personnel

- (1) Identify, by title and name, each position to be supported under the proposed award.
- (2) Provide resumes (not more than 2 pages) for each professional assigned to the field who will be compensated by USAID-funds under this project. For home office support staff identify who will be compensated by USAID and briefly specify duties.
- (3) State the amounts of time, such as months and percent of time that will be expended by each position, their base pay rate and total direct compensation under this program, e.g., Position/Person Time X Rate = \$XXXX

(4) Provide rate verification documentation.

b. Fringe Benefits

(1) Indicate the rate(s) used and the base of application for each rate.

(2) Provide a copy of any Government approval of your fringe benefits rate.

c. Travel

(1) Identify total foreign and domestic travel as separate items.

(2) Indicate the estimated number of trips, number of travelers, positions of travelers, number of days per trip, point of origin, destination and purpose of travel.

(3) For each trip, itemize the estimate of transportation and/or subsistence costs, including airfare and per diem.

d. Allowances

Identify and itemize for each eligible or policy-covered employee/position.

e. Equipment, Materials and Supplies

(1) Itemize the equipment, materials and supplies and briefly justify the need for the items to be purchased as they apply to the program description.

(2) Indicate the estimated unit cost and number of units for each item to be purchased.

(3) Provide the basis for the cost estimates, e.g., pro forma invoice, published price lists, etc.

f. Contractual

(1) For each proposed subagreement provide a statement of work or program description and cost proposal.

(2) Provide complete details of costs that may be incurred.

g. Construction

(1) Identify the proposed construction costs.

(2) Provide a statement of work and a cost proposal for each selected subcontractor/subgrantee.

h. Other Direct Costs

(1) Identify other costs and briefly justify the need for each cost item proposed relative to the program description.

(2) Indicate the estimated unit cost and number of units for each item proposed.

(3) Provide the basis for the cost estimates, e.g., pro forma invoice, etc.

i. Indirect Costs

(1) State the percentages and amounts used for the calculation of indirect costs.

- (2) Provide a copy of your latest Government-approved Negotiated Indirect Cost Rate Agreement.
- (3) If indirect costs have not been approved by a Federal agency, state the basis for the proposed indirect cost rates, if any.
- (4) Applicants who do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency shall also submit the following information:
 - (a) copies of the applicant's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;
 - (b) projected budget, cash flow and organizational chart; and
 - (c) a copy of the organization's accounting manual.

j. Cost Sharing - Non-federal Contributions

The “cost sharing definition is contained in 22 CFR 226 and OMB Circular A-110. A cost share of 25% is required. Provide a breakdown of the financial (cash) and in-kind contributions (services, property, donated supplies and equipment, unrecovered indirect costs, etc.) of all organizations (prime applicant, sub-participant #1, sub-participant #2, etc.) that would be involved in implementing this Cooperative Agreement;

3. Evidence of Responsibility - Applicants should submit any additional evidence of responsibility deemed necessary for the Grant Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:
- a. Has adequate financial resources or the ability to obtain such resources as required during the performance of the award.
 - b. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, non-governmental and governmental.
 - c. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
 - d. Has a satisfactory record of integrity and business ethics; and
 - e. Is otherwise qualified and eligible to receive a grant under applicable laws and regulations (e.g., EEO).
 - f. Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the applicant should advise which Federal Office has a copy.

A.4 Notices to Applicants

1. Unnecessarily Elaborate Applications - Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the applicant's lack of cost consciousness. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

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2. Acknowledgement of Amendments to the RFA - Applicants shall acknowledge receipt of any amendment to this RFA by signing and returning the amendment. The USAID must receive the acknowledgement by the time specified for receipt of applications.

Note: Any amendments to this RFA will be posted on the Agency's website. Only the Agreement Officer may amend this RFA.

3. Receipt of Applications - Applications must be received at the place designated and by the date and time specified in the cover letter of this RFA.

4. Submission of Applications:

a. Applications and modifications thereof shall be submitted in sealed envelopes or packages (1) addressed to the office specified in the Cover Letter of this RFA, and (2) showing the time specified for receipt, the RFA number, and the name and address of the applicant.

b. Telegraphic applications will not be considered; however, applications may be modified by written or telegraphic notice, if that notice is received by the time specified for receipt of applications.

5. Preparation of Applications:

a. Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the applicant's risk.

b. Each applicant shall furnish the information required by this RFA. The applicant shall sign the application and print or type its name on the Cover Page of the technical and cost applications. The person signing the application must initial any changes or erasures. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

c. Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, should:

(1) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets; and

(2) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

6. Explanation to Prospective Applicants - Any prospective applicant desiring an explanation or interpretation of this RFA must request it in writing by August 29, 2002 to allow a reply to reach all prospective applicants before the submission of their applications. Oral explanations or instructions given before award of a Grant will not be binding. Any information given to a prospective applicant concerning this RFA will be furnished promptly to all other prospective applicants as an amendment of this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicants.

7. Grant Award:

- a. The Government anticipates the award of one cooperative agreement resulting from this RFA to the responsible applicant(s) whose application(s) conforming to this RFA offers the greatest value. However, the Government reserves the right to (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application (see Section B, Selection Criteria), (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.
 - b. The Government also reserves the right to award one or more agreements on the basis of initial applications received, without discussions. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint.
 - c. A written award mailed or otherwise furnished to the successful applicant within the time for acceptance specified either in the application or in this RFA (whichever is later) shall result in a binding Grant without further action by either party. Before the application's specified expiration time, the Government may accept an application, whether or not there are negotiations after its receipt, unless a written notice of withdrawal is received before award. Negotiations conducted after receipt of an application do not constitute a rejection or counteroffer by the Government.
 - d. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting Grant(s).
8. Applicant's Past Performance - USAID reserves the right to solicit from available sources relevant information concerning an applicant's past performance and may consider such information in its evaluation.
9. Authority to Obligate the Government - The Grant Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Grant may be incurred before receipt of either a fully executed Grant or a specific, written authorization from the Grant Officer.

END OF SECTION A

SECTION B - SELECTION CRITERIA

The criteria presented below have been tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications and (b) set the standard against which all applications will be evaluated. To facilitate the review of applications, applicants should organize the narrative sections of their applications in the same order as the selection criteria.

The technical applications will be evaluated in accordance with the Evaluation Criteria set forth below. The relative importance of each criterion is indicated by approximate weight. The maximum possible is 100 points. Thereafter, the cost application of all applicants submitting a technically acceptable application will be opened and costs will be evaluated for general reasonableness, realism, appropriateness, allowability, and allocability. The cost-realism analysis is intended to: (1) verify the applicant's understanding to the requirements; (2) assess the degree that the cost proposal reflects the approaches in the technical application; and (3) assess the degree that the cost included in the cost application accurately represents the work effort included in the technical application. To the extent that they are necessary (if award is not made based on initial applications), negotiations will be conducted with short listed applicants. An award will be made to the responsible applicant whose application offers the greatest value, cost and other factors considered.

Unsuccessful applications will not be returned to the applicant.

Awards will be made based on the ranking of proposals according to the technical selection criteria identified below.

1. Technical Approach (40 points)

- a. The extent to which the Applicant understands the purpose of the program as well as the key issues and challenges that must be appropriately addressed in order to facilitate the strengthening of civil society capacity to provide sustainable primary health care services in Liberia.
- b. Extent to which the application demonstrates a clear and effective technical approach to accomplishing the program purposes, objectives, and expected results, as evidenced by the applicant's program plan and performance milestone plan.
- c. The appropriateness of the technical approach and interventions to achieve the objectives and goals of the program.

2. Technical Capabilities (40 points)

- a. The capability, experience, education and other qualifications of the Applicant's proposed professional staff for the designated work.
- b. Extent of related experience working with Civil Society Organizations—local NGOs, civic organizations, private sector—in the delivery of quality health care services in third world countries.
- c. Extent and relevance of knowledge, experience and success on the part of the Applicant and sub-recipient(s), if any, in completing results-oriented work under other grants, cooperative agreements or contracts in developing countries in areas and context closely approximating that required under the governing program.

3. Extent and Relevance of Managerial Approach (15 points)

- a. How well the Applicant would be organized, managed, and its activities coordinated with other program components. Division of roles, responsibilities, authority, and process for decision making with Applicant's in-country team and between the home office and field.

- b. Extent to which the Applicant has a reliable and realistic plan for monitoring, tracking and reporting performance, including a plan for collecting, evaluating and validating performance data.
- c. Relevance of Mobilization Plan

4. Cost Sharing (5 points)

The Applicant proposes a non-Federal cost share of at least 25% of the total estimated cost of the program. A detailed estimate of the cash value of all contributions is provided. Cost share will be evaluated as follows:

25%	2 points
26% - 30%	3 points
31% - 40%	4 points
41% plus	5 points

SHORTLIST/SELECTION AND COOPERATIVE AGREEMENT AWARD

Based on the above evaluations, a “shortlist” of three (3) applicants will be established by the Agreement Officer. This list will consist of the three most highly-rated applications, the above technical and cost factors considered, except that the Agreement Officer may further expand or limit the number of applications on the shortlist to the greatest number that will permit an efficient competition among the most highly-rated applications. To the extent that they are necessary, discussions and negotiations will then be conducted with all such applicants, and revised applications will be requested from all such applicants.

Selection of an application by USAID will be achieved through a process of evaluating the merits of complete applications through the technical and cost evaluation factors set forth above. Award of the cooperative agreement will be made in accordance with the terms and conditions of this RFA to the eligible and responsible applicant whose costs are fair and reasonable, allowable, necessary, and realistic, and whose application is determined by the Agreement Officer to offer the greatest value to USAID. It is important to note that Award may be made based on the initial applications or based on the first or subsequent revised applications.

END OF SECTION B

SECTION C - PROGRAM DESCRIPTION

C. 1. Title

Improved Community Health: 669-0237

C.2. Project Overview

USAID/Liberia intends to fund a five year \$7.5 million project to support the achievement of its Special Objective 3: Increased use of essential primary health care services through civil society. This project will contribute directly to the Mission's goal of promoting a greater role of civil society in a successful transition towards improved social, economic and political conditions in Liberia. The project will be designed to engage the participation of Liberian non-governmental partners (civil society) in the development, planning and implementation of critical health interventions to improve access, demand and quality of key primary health care interventions. In an effort to develop a strategic, focused and performance-based program for Liberia, USAID intends to enter into a cooperative agreement with a qualified American NGO to achieve the following objectives.

- Strengthen the capacity of civil society to ensure an increased utilization of sustainable primary health care **service delivery**, including access, quality and demand of services.
- Improve the **policy framework** for primary health care service delivery in Liberia.
- Facilitate the attainment of **additional resources**, including non-USAID resources, to support critical health interventions in Liberia.

With this cooperative agreement, USAID intends to consolidate its population, health and nutrition program into one that is coherent, coordinated, performance-based and results oriented. Strengthening civil society to deliver primary health care services, become more civic-action oriented and advocate for quality health services, will develop a platform to influence broader democratic governance at the national level.

C.3. Background

C.3.a The Country Context

Liberia is a West African country that shares common borders with Guinea, Sierra Leone and the Ivory Coast. It is a unitary state that is sub-divided into 15 counties for administrative purposes. The total land area is 3,786 square miles with a coast line of 350 miles along the Atlantic Ocean.

Liberia is a failed state. The failure of previous administrations of Government to effectively harness and manage the country's resources for the common good of its people, fostered ethnic rivalries and conflicts, social discontent, political dissent, among other factors, that resulted in the civil war of 1989 to 1997.

The political situation in Liberia has a historical bearing starting from the founding of the country in 1847 by the ex-slaves from America. The descendents of the ex-slaves have dominated national politics since then. In spite of the economic boom of the 1950s and 1960s, very little effort was made to develop the country. The resources of the country were used by the privileged few, leaving the country's social and economic infrastructure underdeveloped. The vast majority of the people lived in abject poverty.

The coup of 1980 brought an abrupt end to the uninterrupted rule of the ex-slave descendents. However, the succeeding military administration did not fundamentally change the way of doing business. The same exclusionary policies of the past were adopted, not only against the ex-slave descendents but it took on a tribal/ethnic dimension. After staying in power for five years, the military government transformed itself into a civilian administration in an electoral process allegedly characterized by massive irregularities and rigging by the international community.

The precipitating uncertainties following the 1980 coup gave rise to massive capital flight. The accompanying socio-economic crisis led to the decline of the economy, non-payment of debt servicing arrears, and negative growth. Private investors dis-invested from the country and the level of productivity declined dramatically.

The repressive practices of the military and police forces against the Liberian people, especially the opposition, turned the population against the government and consequently, led to a massive support for the rebel invasion in 1989. Within a period of six months, the rebel invasion subsequently reached the suburb of Monrovia which led to the capture and demise of President Doe in 1990.

The effects of the civil war on the country are far-reaching and, therefore, will be felt for generations. Estimates of the death toll ranged between 150,000 to 200,000. Other consequences of the conflict include:

- Massive displacement of the population;
- Destruction of productive capacity and physical infrastructure;
- Aggravation of social problems;
- Acceleration in the spread of communicable diseases;
- Significant militarization of the population and the introduction of a "culture of violence";
- Fractionalization and polarization of the countryside;
- Problems associated with demobilization and a very slow transition process to good governance; and
- Weakening of economic management capacity and the breakdown in the provision of basic social services.

The civil war officially ended in 1997, following more than thirteen peace agreements under the auspices of ECOWAS, OAU, and the UN, and the holding of legislative and presidential elections. The 1997 elections, which ushered in the Government of President Charles Taylor, was associated with great expectations by the Liberian people. They anticipated an inclusive and a more participatory government respecting the fundamental tenets of human rights, the rule of law, and the upholding of national reconciliation and reintegration of the entire population. However, the system, methods and processes of governance and exclusive policies, which reserve the national wealth for a few elite remained unchanged. The vast majority of the population remains poor, wanting basic social services such as water and sanitation, electricity, schools and health services. Popular participation in government and national decision making is still far-fetched. The majority of the people, particularly women are illiterate.

Consequently, the political differences among the former warring factions and the ethnic groups deepened, which precipitated continuous and persistent cross border attacks in Lofa County in the northern part of the country by dissident groups. These attacks have ignited a reversal of gains made by the international community and Liberian themselves towards resettlement, rehabilitation and reconstruction. The dissident attacks have sent a wave of insecurity nationwide.

Four years after presidential elections marked the end of the civil crisis, very little has been done to establish an environment where democratic institutions and sustainable market led growth can survive. The country's GDP remains at about fifty percent of pre-war levels. The disintegration of traditional community institutions, coupled with the brutality of the Taylor's regime has produced many human rights abuses. These stem from violence against ethnic rivals to illegal incarceration, illegal search of homes and offices, imprisonment and physical abuse of opposition members and human rights activists. There are approximately 80,000 internally displaced persons in the various shelters around the country. There are probably several hundred thousands more who have settled in various rural and urban communities. The population of Monrovia has swelled due to the influx of internally displaced people.

The continued fluid security situation in the country is fuelled by the following phenomena:

- Unemployed and mostly illiterate youth are vulnerable to recruitment by state and non-state military establishments that create the condition for them to carry on violent and brutal acts with impunity;
- Illegal management of natural resources that draws on a largely unemployed active adults population in the absence of industries or a viable civil service;
- The militarization of communities who can become pawns for political actors ready to capitalize on ethnic and regional differences;
- The traffic of small arms in an increasingly hostile environment in which access to weapons becomes a "guaranteed source of income";
- Increasing disregard for human life reflected in a rise in the number and degree of brutal acts of torture, rape, harassment and execution perpetrated against civilians, including women and children, by state and non-state military establishments; and
- Further deterioration of basic infrastructure and services increasing the level of reconstruction needed for the resettlement of displaced persons and refugees, and for the restoration of traditional economic activities such as trade and agriculture.

In rural areas, villages tend to be comprised of members of one ethnic group, although many villages have ethnic minorities. The war and its aftermath have exacerbated conflicts through forced internal migration of ethnic groups and the introduction of a culture of violence. The authority of elders and traditional chiefs has been undermined.

The challenge facing the international community is the creation and consolidation of sustainable peace in Liberia which is the sine-qua-non to poverty reduction and development in Liberia.

This project is meant to work within the context of other USAID and donor programs that build community peace structures through addressing ethnic tensions and conflict prevention, providing civic education, monitoring human rights and fostering adult literacy. The USAID approach is to try to put in place programs that prevent conflict, while at the same time contribute toward social and economic development. A major emphasis is being placed on the health sector.

C.3.b. Health Sector Overview

The health status of Liberia's children and their families is desperate. Access to health care for most of the population is extremely limited. The country ranked consistently low in the Human Development Index during the past decade, falling from 131 in 1992 to 174 out of 175 countries globally in 1999. These ratings are indicative of a corresponding decline in the health status of the Liberian population. The health status of the Liberian people is characterized by comparatively low life expectancy at birth and very high infant, childhood and maternal mortality rates. Maternal mortality is among the highest in the world, estimated at 780/100,000. The major causes of morbidity in children, especially for those under five, are malaria, acute respiratory infection and diarrhea. The leading causes of mortality in children are mainly due to the following preventable diseases: neonatal tetanus, acute respiratory infection and malaria. Infant mortality stands at 117/1000 live births and under five mortality stands at 235/1000 live births.

According to a UNDP sponsored survey conducted by the Center for the Rehabilitation of the Injured and Disabled (CRID) in 1997, an estimated 16.4% of the population has sensory or physical disabilities, the latter due primarily to poliomyelitis. Significant strides are being made towards the eradication of poliomyelitis which accounts for 56.3% of disabilities among children. However, there is a relatively low immunization coverage of the children under five years of age against all preventable childhood diseases, especially measles which also has crippling and often fatal consequences, particularly when complicated by malnutrition. The National EPI Coverage Survey conducted during the period December 28, 2001 to January 13, 2002, revealed that only 24% of children were fully immunized before the age of one year while 59% of women of child bearing age had received the second dose of Tetanus Toxoid immunization. There are indications of protein-calorie, iron and mineral deficiencies, as well as stunting among chronically malnourished children under five years of age. The magnitude and scope of mental and physical impairments among this vulnerable group must, therefore, be determined and adequately addressed.

There is a growing concern that HIV/AIDS may be on the verge of a generalized epidemic given the rise in the prevalence rate of infection. Since the first case of AIDS was confirmed in 1986, surveillance data from the National AIDS Control Program (NACP) revealed that the prevalence rate of HIV infection has been steadily increasing in Liberia. From a prevalence rate of less than one percent (1%) in the late 1980s, prior to the onset of the Liberian civil crisis, the HIV prevalence rate rose to four percent (4%) in 1994. The current HIV prevalence rate is estimated to be between 8-10%. The current prevalence rate of HIV infection in the country is lower than in neighboring countries, especially the Ivory Coast. However, considering the high population mobility, coupled with the low level of awareness about the disease and the upward trend in prostitution and child sexual abuse, HIV/AIDS in Liberia may be a time bomb waiting to explode with most children losing either one or both parents as a result of the disease. This will have an impact not only on Liberia, but could threaten the stability of countries in the Mano River Basin and West Africa. The need, therefore, to be proactive in designing appropriate programs that are culturally sensitive to address the needs of children orphaned and made vulnerable as a result of HIV/AIDS can not be overemphasized.

Accurate data about the demographics of the population is unavailable as the last national census was completed in 1984. The population of Liberia is estimated between 2.6 and 3.6 million. The population of the Monrovia area is estimated to be anywhere from 500,000 to 1 million. A good part of the population lives in county and district towns with populations ranging from 10,000 to 25,000 people. The rest, which may be considered rural,

live in small and often isolated villages, with populations ranging from 100 to 5,000 people. It is estimated that there may be approximately 2,500 cities, towns and villages in Liberia.

Children below the age of 20 years account for 54% of the population. The current population growth rate is 2.4% and the fertility rate is among the highest in sub-Saharan Africa at 6.7 births/woman. Social structures have also been altered: the size of the average family has increased (more than 10 persons per household according to the 1999/2000 DHS), the authority of elder and traditional chiefs undermined, and the number of households headed by women increased.

Liberia's labor force is estimated at approximately 1 million. Only 15% have formal employment with the government or private sector. Approximately 40% are self-employed in the informal sector. The remainder are involved in subsistence agriculture or unemployed. Approximately 50% of the population lives below the poverty line. The 2000/01 national budget was US\$90.7 million, compared to US\$225.7 million in 1979/1980. Resources for development amounted to US\$18.2 million. Most revenues are off budget and are considered the private reserve of the President and are derived from diamonds, unsustainable timber and ship registry fees. These may amount to several hundred million a year and may be as high as US\$1 billion a year.

The Liberian Health Sector is experiencing severe "brain-drain" as health workers, both nurses and doctors, leave government operated health facilities to secure employment with NGOs. As a result of this predicament, less than six of the fifteen counties in Liberia have doctors. Most counties have only one doctor who serves as both the County Health Officer and the Medical Director of the County Hospital. The lack of qualified health workers is particularly alarming in the southeastern region of the country, especially Grand Kru County where the revitalization of primary health care services is still lagging behind.

Inadequate supply of vaccines, essential drugs and medical supplies poses an ongoing obstacle to ensuring the delivery of primary health care services. The National Drug Service (NDS) is currently the custodian of all vaccines and related supplies intended for Liberia's preventive health care program as well as essential drugs and medical supplies for the curative health program. UNICEF and the European Commission (EC) are the principal donors supporting the NDS. However, there has been a gradual decline in the level of support to NDS from these two principal donors because of funding constraints. In an attempt to ensure the sustainability and viability of the Health Care Delivery System in the wake of the reduced level of support from its two principal donors, the NDS has instituted a cost-sharing scheme/revolving drug fund.

In fulfillment of its mandate under the Essential Drug Program (EDP) to provide an improved quality of essential drugs and medical supplies to public health institutions through implementing partners, the NDS supplied 316 public and not-for-profit health institutions around the country in 2001 amidst the reduction in UNICEF's support and the cessation of Europe Commission's (EC) support in July 2001. The cessation of EC support to NDS, which accounted for 70% of EDP operational cost has created a major funding gap. Consequently, NDS had to rely substantially on funds generated from sales to underwrite operational cost.

C.3.c. Role of USAID

With USAID's assistance, the international community made important progress in repatriating refugees, resettling returned refugees and internally displaced people, and rehabilitating health, education and productive facilities throughout the country. USAID support has been vital to the transition from emergency humanitarian relief to recovery.

USAID's Transition Strategy II (2001 – 2003) is a key element of the U. S. Embassy Mission Performance

Plan, which supports the U. S. national interest of promoting economic prosperity, rule of law and democracy, reduce human suffering and promote regional stability. The U. S. Government interest in promoting stability and economic growth in West Africa is furthered by the USAID program in Liberia, which supports and encourages a transition towards social, economic and political stability.

The current Transition Strategy, 2001 – 2003, is premised on the expectation that a Charles Taylor-led government is unlikely to transform into a transparent, responsible and effective democratic government. Meanwhile, civil society will continue, by necessity, to evolve in order to fill the vacuum left by the government's inability to meet the basic human needs of its citizenry.

USAID will support civil society to deliver primary health care services in targeted areas. There is a fundamental shift in approach and direction from the previous strategy. Whereas previous program efforts were planned, managed and implemented by International PVOs and contractors, the 2001 – 2003 Transition Strategy aims to increase the role of Local Non-Governmental Organizations in the design, management, and delivery of selected social services in order to ensure sustainability. Improving the capacity of civil society will help move Liberia closer to a stage where sustainable development can occur, when "normal" times arrive again. USAID in the past has played a limited role in helping this civic culture take root. However, our future programming will focus more on this important aspect of Liberia's future.

The current USAID Primary Health Care program is implemented through four international NGOs: World Vision International, International Rescue Committee, Save the Children, and Africare. World Vision International, Save the Children and the International Rescue Committee directly manage the operations of 52 health facilities, provide essential drugs and medical supplies, supportive supervision and training of staff to ensure the delivery of an improved quality of services. These 52 health facilities provide primary health care services to residents of 1,107 remote communities. Unlike these three organizations that directly furnish the delivery of primary health care services, Africare works closely with three national NGOs, namely the Christian Health Association of Liberia (CHAL), the Breast Feeding advocacy Group (BAG), and the Family Planning Association of Liberia (FPAL) to strengthen their capacity to deliver improved quality of primary health care services. The Africare Program supports 22 CHAL member health facilities and 200 communities. CHAL provides the requisite training and supportive supervision to improve the quality of child survival and safe motherhood interventions, while FPAL and BAG assist CHAL to integrate reproductive health, breast feeding and other appropriate infant feeding practices into the services delivered by the 22 CHAL member health facilities. The current USAID Primary Health Care Program supports the Ministry of Health policies and is coordinated closely with UNICEF, WHO and the Ministry of Health. The program has increased access and utilization of primary health care services and achieved subsequent reduction in the case fatality of endemic diseases and improved health status in the targeted areas. The current targeted areas include: Gbarpolu, Bomi, Grand Cape Mount, Montserrado, Margibi, Bong and Nimba counties.

All of the current USAID-funded PHC partners form productive partnerships with the Community Health and Development Committees (CHDCs). In order to contribute toward eventual sustainability, cost sharing measures have recently been introduced in all community clinics. The CHDCs are directly involved in the administration of funds collected.

To increase food security in targeted areas, USAID currently supports food crop programs with World Vision International and the Lutheran World Federation. The agriculture program also increases cash crop income for small-holder farmers with support to Catholic Relief Services and Lutheran World Services.

The current democracy and governance program aims to strengthen community organizations by improving

institutional capacity and civic education with the International Foundation for Education and Self-Help (IFESH) program. The democracy and governance program that is being implemented through the International Foundation for Electoral Systems (IFES) and the Carter Center aims to promote civic action for democratic governance, including support to the Press Union of Liberia and Radio Veritas. USAID has also supported Search for Common Ground to support the Liberia Talking Drum Studio to increase awareness about democratic principles, HIV/AIDS transmission and prevention, and day to day issues concerning reconstruction.

The health, agriculture and democracy projects in the current sectoral programs are being replaced by more integrated approaches to peace-building, health delivery and economic development. Working with and developing the capacity of Local NGOs, will play a critical role in the new programming. The Improved Community Health project will form the nucleus for USAID program in the health sector. The Community Peace Building and Development Project, which is scheduled to begin during the first quarter of FY 2003, will be the nucleus for future USAID assistance in addressing conflict and security issues, civic education, human rights and adult literacy, as well as economic development. This project will also provide organizational, managerial and material assistance to relevant local non-governmental organizations.

C.3.d. Role of Other Donors

Coordination is a relatively simple matter in Liberia. There are only three significant donors. The European Commission is the largest, the United states is second, and the United Nations is third. The European Commission (EC) is currently responsible for the revitalization of primary health care services in the south-eastern region of the country. The European Union and UNICEF are supporting the National Drug Service (NDS) to ensure the availability of an adequate quantity of essential drugs and medical supplies in public health institutions. UNICEF and WHO are providing vaccines and supplies for the Expanded Program on Immunization as well as technical and logistical support to the Ministry of Health for the revitalization of health services. UNDP is coordinating the HIV/AIDS prevention and control program of the UN Theme Group on AIDS in Liberia.

Because of debt arrears, human rights abuses and regional destabilization attempts by the current government, the international donor community support for Liberia has dwindled. The UN finds it increasingly difficult to raise cost-sharing funds from bilateral donors to support development programs in Liberia. Since 1997, development assistance has declined from about US\$78 million to US\$20 million in 2000.

C.4. **Project Description**

C.4.a. Strategic Approach

This project will provide a mechanism to strengthen the capacity of civil society in Liberia to deliver sustainable Primary Health Care services relevant to the achievement of USAID/Liberia Special Objective #3: Increased Use of Essential Primary Health Care Services through Civil Society. Emphasis will be placed at the primary level of care to attain increased basic health coverage and reduce the disease burden which for the most part are preventable. The Bamako Initiative, Integrated Management of Childhood Diseases and Primary Health Care approaches, whose basic tenets are equity, sustainability, and community participation, will be employed as major strategies for services delivery at the primary level of care. Partnering with local NGOs, the project will increase capacity in the private-sector, community-based organizations, and the local NGO partners themselves to increase access, quality and demand for services. Additionally, the project will establish and increase linkages with other USAID-supported programs in peace-building and economic growth, agriculture and trade, and humanitarian assistance.

Strong coordination with other donors and the Ministry of Health will be necessary to develop a strategic policy framework, ensure a cohesive primary health care program, and to identify additional needed resources to support health care in Liberia. In this connection, the partner should ensure information sharing among the stakeholders on the status of program activities, lessons learned and best practices to enhance coherency and maximize people-level impact. Strengthening civil society to deliver primary health care services, become more civic oriented, and advocate for quality health services will develop a platform to influence broader democratic governance at the national level.

Note: USAID plans to provide approximately \$7.5 million for a five-year implementation period to achieve the results that are described. USAID plans to enter into a cooperative agreement with one organization. The successful organization may enter into sub-agreements and teaming arrangements with other organizations. If an application is submitted by a consortium, the arrangement must be structured so that there is one prime recipient with the others being sub-recipients.

C.4.b. Results Packages

Results Package #1: Strengthened capacity of civil society to achieve sustainable primary health care service delivery, including access, quality and demand of services.

Discussion and Illustrative Activities:

The project will increase technical and institutional capacity of Liberian civil society- local NGOs, community-based organizations, and the private sector - to effectively increase access, demand and quality of services delivered. Institutional capacity can be sustainably improved by developing planning and management skills, human resource plans and information and logistics management. Empowering community groups can create a forum for dialogue and advocacy for quality health care. Addressing the current lack of available trained health workers, fees for service, and tapping the private sector as a potential avenue for commodity delivery, management or ownership of health facilities and income generation can increase access to services. Quality of services must be increased to reduce missed opportunities and increase patient satisfaction with services received.

Demand for services is a critical area that calls for improvement. Developing public information systems will serve to increase awareness about health issues and thereby increase demand for health services. Demand can be increased with behavior change communication techniques and linkages to other USAID-supported sectors, such as rural radio programs. The development of protection systems for indigents and community support for health services can also serve to sustain demand for health care services.

Project activities should be closely coordinated with other USAID programs in peace building and economic development. Geographic focus could include Monrovia and its environs, county and district towns and villages, including cluster villages surrounding larger places. USAID is looking more for a balance between quality and quantity. The number of cities, towns and villages will be a function of the Monrovia, urban/rural mix selected. USAID will however want a balance between Monrovia and the rest of the country.

Generally, Liberian NGOs have three weaknesses. 1)They are often run by an individual or “clique” and lack internal structures for democratic decision making. 2)They do not expect to be held accountable for funds or for achieving objectives. 3)They lack strategic focus for activities. For older established NGOs, these weaknesses are a function of the past large amounts of donor funding available to Liberia before the civil war.

For newer organizations, the use of local NGOs by donors has been limited to simply delivering goods and services during the post war period. Most NGOs are therefore more involved in process rather than results.

USAID does not intend this project to be a grants program for local NGOs. USAID seeks an integrated approach to provide organizational, managerial and material assistance to relevant organizations to address the identified weaknesses. The partner organization selected to implement the project will be responsible for achieving real health improvements. Therefore, the local NGOs selected to work with the implementing partner will be working for and with the partner to achieve these agreed upon indicators.

There are many NGOs in Liberia and not all of them will be up to the standards required for project success. USAID feels a few strong organizations is better than many mediocre ones. Separating the “wheat from the chaff” will be a challenge. It will also be important to identify viable organizations working in urban and rural areas that have not had a lot of “exposure” to donor assistance in the past because they have not been in the “network”.

Donor dependency is a major problem with communities in Liberia. Given its traumatic past, Liberian communities are used to being given relief and humanitarian assistance with little asked for in return. Breaking this cycle and getting communities and organizations to become more democratic, accountable and independent with a strategic focus will be a challenge. The key to community organization will be to find the leaders, either cultural or natural who are willing to put in the time and effort to make a difference. Much of the leadership in Liberia comes from having a weapon. This has to change. Liberia like most countries abounds with talented people and groups. Addressing health issues is an excellent opportunity for them to come forward and be noticed.

Most health care services in Liberia is delivered either through religious organizations or through donor programs. The government has a limited coordination and policy role. Historically, there has not been a major role for private individuals to provide health care. USAID feels there may be a few isolated opportunities for private individuals – doctors, nurses, midwives – to provide quality health care, whether by starting their own facility or taking over a facility from the GOL or donor. This should be encouraged.

Illustrative Indicators – Activity Purpose

- Proportion of targeted communities that develop mass action and demand for Primary Health Care interventions
- Proportion of civil society organizations that have been transformed into transparent, democratic, accountable and sustainable institutions with strategic focus
- Proportion of civil society organizations that have acquired the requisite technical skills to effectively plan, manage and evaluate Primary Health Care interventions
- Proportion of targeted communities in which Community Based Organizations support Primary Health Care interventions
- Proportion of trained health workers who deliver services according to prescribed protocols and practices in the targeted communities
- Percentage increase in coverage of fully immunized children under 1 year of age in targeted communities
- Percentage increase in access to safe water supply and sanitation in targeted communities
- Percentage reduction in the incidence of diarrhea in children under five years of age in the targeted communities
- Percentage reduction in the incidence of malnutrition in children under five years of age in the targeted communities
- Percentage reduction in vaccine preventable diseases in the targeted communities

Results Package #2: Improved policy framework for primary health care services delivery in Liberia.Discussion and Illustrative Examples:

While the Ministry of Health currently has neither the resources nor the manpower to support the public health care system, the development of a viable system depends on its leadership and coordination of all major actors in health care in Liberia. The Ministry of Health acknowledges the necessity and value of Liberian civil society in the delivery of health care services and encourages capacity strengthening of civil society to do so. If civil society becomes the primary provider of health care services, the current GOL policies must be modified in accordance with this public-private partnership. The project will be an advocate for such change and if warranted provide limited technical assistance and analytical support to the GOL as well as, interested civil society groups, to develop a cohesive policy framework that supports the public-private partnership with Liberian civil society, or helps groups lobby government to do so.

Illustrative Indicators – Activity Purpose

- Level of technical and logistical support provided to civil society organizations to identify policy constraints to Primary Health Care interventions
- Proportion of civil society organizations that can readily identify the weaknesses/obstacles in the current policy
- NGO partners engage CBOs and community members in discussions/debates on policy constraints
- CBOs and targeted community members can identify policy constraints and demonstrate how these affect Primary Health Care interventions
- Coalition of civil society organizations advocating for policy change
- Number of advocacy meetings held with stake holders to effectuate policy modifications and/or formulations
- Number of coordination meetings held to discuss policy issues
- Level of technical support provided to the Ministry of Health to effectuate the requisite policy modifications and/or formulations
- Change in policy framework

Results Package #3: Obtained additional resources, including non-USAID resources, to support critical health interventions in Liberia.Discussion and Illustrative Activities:

Due to the current political regime, donor support for Liberia has dwindled to alarmingly low levels. The partner is expected to increase resource mobilization for primary health care activities by demonstrating measurable impact of Liberian civil society in primary health care service delivery and through increased capacity of the recipient itself to seek and obtain increased support for primary health care initiatives in Liberia. The partner will increase involvement and investment through partnerships with donors, corporations, and/or foundations that will result in increased parallel investments in primary health care development programs. Some examples include: forging partnerships with the Global Development Alliance, the Global Funds to fight HIV/AIDS, Tuberculosis and Malaria and/or private donor foundations, such as the Gates Foundation, the

Packard Foundation, and the Ford Foundation, for HIV/AIDS, Population and Child Health initiatives. The Mission would facilitate this process by leveraging USAID/Washington support for innovative approaches and technical leadership in areas such as Vitamin A and other micro-nutrient deficiencies, Malaria and other infectious diseases, Population, Child Health, and HIV/AIDS.

Illustrative Indicators – Activity Purpose

- Number of non-USAID resources acquired by the recipient for Primary Health Care interventions
- Proportion of civil society organizations that have acquired the technical skills to write funding proposals of acceptable standards
- Proportion of sub-recipients that have acquired supplementary funding for Primary Health Care interventions

C.4.c. Priority Areas for Interventions

Consistent with USAID/Liberia Transition Strategy II and the National Health Policy, A Framework for Health Reform in the New Millennium, the priority programming areas for interventions are:

- Reproductive and Child Health
- Health Promotion and Protection
- Integrated Disease Prevention and Control
- Food and Nutrition
- Water Supply and Environmental Sanitation
- Social Survival and Special Protection

i) Reproductive and Child Health

This program objective is to promote the health of women and children and significantly reduce infant, childhood and maternal morbidity and mortality rates. The components are:

- Safe Motherhood including essential and emergency obstetrical services
- Child Survival services (Integrated Management of Childhood Illnesses, Growth Monitoring, Proper Nutrition, Immunization and Postnatal Care)
- Adolescent Reproductive Health
- Family Planning Services
- In-Service Training (for relevant personnel)

ii) Health Promotion and Protection

This program objective is to provide people with the knowledge to make informed decisions about their health, promote healthy lifestyles, and enhance health and the quality of life. The components are:

- Information, Education and Communication (IEC)
- Health and Adolescence
- Women, Health and Development
- Counseling and Support
- Peer-Group Education for Health
- Epidemiological Surveillance

iii) Integrated Disease Prevention and Control

This program objective is to reduce the high incidence and prevalence of communicable diseases, the major sources of morbidity and mortality in Liberia. The components are:

- Malaria Prevention and Control

- STI/HIV/AIDS Prevention and Control
- Blood Screening and Counseling
- Communicable Disease Control
- Vector Control
- Emergency Preparedness and Response
- Epidemiological Surveillance

iv) Food and Nutrition

This program objective is to reduce the high rate of malnutrition, promote proper nutritional practices, and reduce micro-nutrient deficiencies. The components are:

- Nutritional Education targeting mainly the under fives, pregnant and lactating women, and school age children
- Supplementary Feeding Programs for malnourished children
- Food Safety

v) Water Supply and Environmental Sanitation

This program objective is to promote household and community hygiene and sanitation through access to safe water, proper latrines, and pleasant environment that support health. The components are:

- Water Quality Control
- Technological Support Services
- Environmental Health
- Information, Education and Communication/Health Education

vi) Social Survival and Special Protection

This program is to reduce vulnerabilities of persons in difficult circumstances, provide care and special protection. The components are:

- Child Survival and Protection
- Family and Community Welfare
- Community Based Rehabilitation
- Disaster Relief

Note: Funding priorities are for programs that:

- Apply effective, innovative, integrated primary health care strategies, deliverable at reasonable costs, with a high potential for sustainability within the capability of the applicant and its partners. Program should be designed for possible scale-up if situation improves and to provide humanitarian relief if necessary.
- Develop synergies with other programs in the same site, such as food aid, micro-credit, agriculture, and organizational development.
- Facilitate the development of civil society networks that will foster collaboration and support primary health care initiatives.
- Employ a public health approach to address the health needs of the most vulnerable populations.
- Foster improved capacity of the recipient to seek and obtain donor support for primary health care initiatives in Liberia.

Planned activities must address the identified constraints of the health system:

- Access to services, available trained health workers, affordable fees for service, private-sector initiatives, social-marketing of contraceptives, bednets and ORS, community-based distribution systems.
- Quality of services, including qualified health workers, counseling, missed opportunities.

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- Quality of systems, including planning and management, human resources, information management, logistics management and community empowerment.
- Demand for services, including behavior change communication, and linkages to other USAID supported sectors including income generation and democracy and governance (eg. radio).
- Sustained demand for services, including ability to pay and protection systems for indigents and community support for health services.

END OF SECTION C

SECTION D - U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF RECIPIENT

PART I - CERTIFICATIONS AND ASSURANCES

1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

(a) The recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the grant for which application is being made, it will comply with the requirements of:

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

(c) This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

(a) Instructions for Certification

(1) By signing and/or submitting this application or grant, the recipient is providing the certification set out below.

(2) The certification set out below is a material representation of fact upon which reliance was placed when the agency determined to award the grant. If it is later determined that the recipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

(3) For recipients other than individuals, Alternate I applies.

(4) For recipients who are individuals, Alternate II applies.

(b) Certification Regarding Drug-Free Workplace Requirements

Alternate I

(1) The recipient certifies that it will provide a drug-free workplace by:

(A) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's/grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(B) Establishing a drug-free awareness program to inform employees about--

1. The dangers of drug abuse in the workplace;
2. The recipient's policy of maintaining a drug-free workplace;
3. Any available drug counseling, rehabilitation, and employee assistance programs; and
4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(C) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (b)(1)(A);

(D) Notifying the employee in the statement required by paragraph (b)(1)(A) that, as a condition of employment under the grant, the employee will--

1. Abide by the terms of the statement; and

2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(E) Notifying the agency within ten days after receiving notice under subparagraph (b)(1)(D)1. from an employee or otherwise receiving actual notice of such conviction;

(F) Taking one of the following actions, within 30 days of receiving notice under subparagraph (b)(1)(D)2., with respect to any employee who is so convicted--

1. Taking appropriate personnel action against such an employee, up to and including termination; or
2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(G) Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs (b)(1)(A), (b)(1)(B), (b)(1)(C), (b)(1)(D), (b)(1)(E) and (b)(1)(F).

(2) The recipient shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Alternate II

The recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

3. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS [3]

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this

clause, have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. [4] You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," [5] provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the methods and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealing.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

(b) Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, the it and its principals:

(A) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(B) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(C) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(B) of this certification;

(D) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

4. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

5. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206)

USAID reserves the right to terminate this [Agreement/Contract], to demand a refund or take other appropriate measures if the [Grantee/ Contractor] is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. The undersigned shall review USAID ADS 206 to determine if any certification are required for Key Individuals or Covered Participants.

If there are COVERED PARTICIPANTS: USAID reserves the right to terminate assistance to, or take or take other appropriate measures with respect to, any participant approved by USAID who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

6. CERTIFICATION OF RECIPIENT

The recipient certifies that it has reviewed and is familiar with the proposed grant format and the regulations applicable thereto, and that it agrees to comply with all such regulations, except as noted below (use a continuation page as necessary):

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Recipient _____

Typed Name and Title _____

Signature _____ Date _____

[1] FORMATS: Rev. 06/16/97 (ADS 303.6, E303.5.6a) [2] When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". [3] The recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. [4] See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. [5] For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.

PART II - OTHER STATEMENTS OF RECIPIENT

1. AUTHORIZED INDIVIDUALS

The recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the recipient in connection with this application or grant:

Name	Title	Telephone No.	Facsimile No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

If the recipient is a U.S. organization, or a foreign organization which has income effectively connected with the conduct of activities in the U.S. or has an office or a place of business or a fiscal paying agent in the U.S., please indicate the recipient's TIN:

TIN: _____

3. CONTRACTOR IDENTIFICATION NUMBER - DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

(a) In the space provided at the end of this provision, the recipient should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the the number that identifies the recipient's name and address exactly as stated in the proposal.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the recipient does not have a DUNS number, the recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the recipient. The recipient should be prepared to provide the following information:

- (1) Recipient's name.
- (2) Recipient's address.
- (3) Recipient's telephone number.
- (4) Line of business.
- (5) Chief executive officer/key manager.
- (6) Date the organization was started.
- (7) Number of people employed by the recipient.
- (8) Company affiliation.

(c) Recipients located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at <http://www.dbisna.com/dbis/customer/custlist.htm>. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@dbisma.com.

The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.

DUNS: _____

4. LETTER OF CREDIT (LOC) NUMBER

If the recipient has an existing Letter of Credit (LOC) with USAID, please indicate the LOC number:

LOC: _____

5. PROCUREMENT INFORMATION

(a) Applicability. This applies to the procurement of goods and services planned by the recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the recipient in conducting the program supported by the grant, and not to assistance provided by the recipient (i.e., a subgrant or subagreement) to a subgrantee or subrecipient in support of the subgrantee's or subrecipient's program. Provision by the recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) Amount of Procurement. Please indicate the total estimated dollar amount of goods and services which the recipient plans to purchase under the grant:

\$_____

(c) Nonexpendable Property. If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

TYPE/DESCRIPTION(Generic)	QUANTITY	ESTIMATED UNIT COST
---------------------------	----------	---------------------

(d) Source, Origin, and Componentry of Goods. If the recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, and/or does not contain at least 50% componententry which are not at least 50% U.S. source and origin, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source and/or origin, to include the probable source and/or origin of the components if less than 50% U.S. components will be contained in the commodity. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, a commercially recognized new commodity results, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or relabeling items does not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

TYPE/DESCRIPTION	QUANTITY	ESTIMATED	GOODS	PROBABLE	GOODS
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(Generic)	UNIT COST	COMPONENTS	SOURCE	COMPONENTS
ORIGIN				

(e) Restricted Goods. If the recipient plans to purchase any restricted goods, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source and/or origin. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Rubber Compounding Chemicals and Plasticizers, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/DESCRIPTION	QUANTITY	ESTIMATED	PROBABLE	PROBABLE	INTENDED USE
(Generic)		UNIT COST	SOURCE	ORIGIN	

(f) Supplier Nationality. If the recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in the U.S., please indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier. Any supplier whose nationality is a non-Free World country is ineligible for USAID financing.

TYPE/DESCRIPTION	QUANTITY	ESTIMATED	PROBABLE	SUPPLIER	NATIONALITY
RATIONALE					
(Generic)		UNIT COST	(Non-US Only)		for
NON-US					

(g) Proposed Disposition. If the recipient plans to purchase any nonexpendable equipment with a unit acquisition cost of \$5,000 or more, please indicate below (using a continuation page, as necessary) the proposed disposition of each such item. Generally, the recipient may either retain the property for other uses and make compensation to USAID (computed by applying the percentage of federal participation in the cost of the original program to the current fair market value of the property), or sell the property and reimburse USAID an amount computed by applying to the sales proceeds the percentage of federal participation in the cost of the original program (except that the recipient may deduct from the federal share \$500 or 10% of the proceeds, whichever is greater, for selling and handling expenses), or donate the property to a host country institution, or otherwise dispose of the property as instructed by USAID.

TYPE/DESCRIPTION (Generic)	QUANTITY	ESTIMATED	UNIT COST	PROPOSED
DISPOSITION				

6. PAST PERFORMANCE REFERENCES

On a continuation page, please provide a list of the ten most current U.S. Government and/or privately-funded contracts, grants, cooperative agreements, etc., and the name, address, and telephone number of the Contract/Agreement Officer or

other contact person.

7. TYPE OF ORGANIZATION

The recipient, by checking the applicable box, represents that -

(a) If the recipient is a U.S. entity, it operates as ☐ a corporation incorporated under the laws of the State of, ☐ an individual, ☐ a partnership, ☐ a nongovernmental nonprofit organization, ☐ a state or local governmental organization, ☐ a private college or university, ☐ a public college or university, ☐ an international organization, or ☐ a joint venture; or

(b) If the recipient is a non-U.S. entity, it operates as ☐ a corporation organized under the laws of _____ (country), ☐ an individual, ☐ a partnership, ☐ a nongovernmental nonprofit organization, ☐ a nongovernmental educational institution, ☐ a governmental organization, ☐ an international organization, or ☐ a joint venture.

8. ESTIMATED COSTS OF COMMUNICATIONS PRODUCTS

The following are the estimate(s) of the cost of each separate communications product (i.e., any printed material [other than non-color photocopy material], photographic services, or video production services) which is anticipated under the grant. Each estimate must include all the costs associated with preparation and execution of the product. Use a continuation page as necessary.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND
VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, has the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. 1/ You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier covered Transaction," 2/ without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(b) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Applicant/Subgrantee _____

Typed Name and Title _____

Signature _____

1/ See ADS Chapter 303, 22 CFR 208.

2/ For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the USAID grant standard provision for U.S. nongovernmental organizations entitled "Debarment, Suspension, and Related Matters" (see ADS Chapter 303), or in the USAID grant standard provision for non-U.S. nongovernmental organizations entitled "Debarment, Suspension, and Other Responsibility Matters" (see ADS Chapter 303).

**KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES
AND DRUG TRAFFICKING**

I hereby certify that within the last ten years:

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
2. I am not and have not been an illicit trafficker in any such drug or controlled substance.
3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.
2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

1. I hereby certify that within the last ten years:

a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

b. I am not and have not been an illicit trafficker in any such drug or controlled substance.

c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

Signature: _____

Name: _____

Date: _____

Address: _____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

FORMATS: Rev. 06/16/97 (ADS 303.6, E303.5.6a) When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". The recipient must obtain from each identified subgrantee and (sub)contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.

END OF SECTION D